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## TREATMENT PLAN

PHYSICIANS NAME: \_\_\_\_\_

Service Worker: \_\_\_\_\_

RELATING TO THE MEDICAL INDIGENCY APPLICATION FILED WITH ADA COUNTY  
SERVICES ON: \_\_\_\_\_ FORM RETURN NLT: \_\_\_\_\_

PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

- Diagnosis: \_\_\_\_\_
- Describe all medical services in the format below. Include information about planned or potential services, diagnostic services (lab, radiology, other), office visits, prescriptions, and any other care, hospitalizations or ambulatory surgical care related to this condition. Be as specific as possible.
- ATTACH CHART NOTES, AND RELATED DIAGNOSTIC REPORTS

TYPE OF SERVICES	PROVIDER	DATES OF SERVICE	COST	PROCEDURE CODE

RE: SURGERY PLEASE INDICATE:

Procedure: \_\_\_\_\_

Amount of time required to complete procedure: \_\_\_\_\_

Hospital: \_\_\_\_\_ Inpatient: \_\_\_\_\_ Outpatient: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Name of assistant surgeon: \_\_\_\_\_

Pre and/or post op services required (provider): \_\_\_\_\_

Post-op Physical Therapy Yes ☐ No ☐

If yes name of provider \_\_\_\_\_ Telephone \_\_\_\_\_

Type and length of services \_\_\_\_\_

Follow up services included in surgical fee: \_\_\_\_\_

- Were/are the medical services ☐ emergency or ☐ non-emergency?
- Can non-emergency services wait for ten days from (\_\_\_\_\_)? Yes ☐ No ☐
- Estimate date patient will be released from treatment: \_\_\_\_\_
- Release date for employment: \_\_\_\_\_ list any restrictions \_\_\_\_\_
- Will Patient be able to return to present occupation? Yes ☐ No ☐
- If not, is patient a candidate for Social Security Disability? Yes ☐ No ☐
- and/or Vocational Retraining? Yes ☐ No ☐

Additional comments, including prognosis: (Attach additional sheets or use reverse side if needed.)

\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature

Date

Telephone

Court  
Ph (208) 287-6900  
Fax (208) 287-6919

Auditor  
Ph (208) 287-6879  
Fax (208) 287-6909

Recorder  
Ph (208) 287-6840  
Fax (208) 287-6849

Elections  
Ph (208) 287-6860  
Fax (208) 287-6939

Indigent Services  
Ph (208) 287-7960  
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